

CHAPTER OVERVIEW

This chapter provides recommended practice for providing services to children and families at risk of or experiencing chronic neglect.

Policy Statement and Expected Outcome

Chronic neglect is defined as a persistent pattern of family functioning in which the caregiver has not sustained and/or met the basic needs of the child and which results in harm. Said behavior may result in an accumulation of harm, affecting the child's overall development and/or immediate safety.

Chronic neglect is not a one-time incident of neglect, but is a family's established pattern of behavior. Neglect is usually an omission (inaction), rather than an overt action, toward a child. The behaviors omitted are those that provide nurturing and support, as well as the emotional, medical, educational, and physical care needed by a child. When this pattern exists, a child may be harmed through long lasting effects or immediate crises.

The primary expected outcomes for implementation of chronic neglect policy are as follows:

- This policy will help staff to better identify, assess, and provide and/or refer the family to goal-oriented, long term, supportive services for chronic neglect.
- Designated staff will be knowledgeable about the dynamics of chronic neglect and accumulation of harm, including safety factors, comprehensive assessments, development and monitoring of outcome oriented (specific and individualized) treatment plans, intervention decision making and coordination of intervention techniques.
- County office staff will utilize a multi-disciplinary team approach that will provide community support in an effort to prevent, reduce, and remedy chronic neglect.
- Staff will more effectively document the need for removal of the child due to accumulation of harm, if necessary. Staff will be able to determine when to terminate Division intervention by more comprehensively assessing and documenting a family's ability to sustain, over time, necessary behavioral changes.

Accumulation of Harm

An accumulation of harm can have a long-term impact on a child's overall physical, mental or emotional development. Research has shown that the quality of nutrition and nurturing during the first five years of a child's life is particularly important for normal growth and development later in the child's life. Needed care and attention that is missed in these early years is difficult to make up for in later years. An example of this is

a family with a preschool child who is repeatedly not provided adequate stimulation and nutrition and who becomes developmentally delayed. Because the child is already at a disadvantage developmentally, the ability to do well in school and reach other developmental milestones becomes further and further out of the child's reach. This kind of pattern of neglect, resulting in accumulated harm, can result in long-term, negative consequences for the child.

The concept of accumulation of harm is important in identifying and developing treatment strategies with families who are experiencing chronic neglect, as well as any other pattern of abuse/neglect. When assessing the immediate safety and future risk of a child's condition, Division staff must be aware of the heightened risk to children when caretakers show a repeated pattern of failing to meet the child's physical, medical, educational and emotional needs.

Indicators of Chronic Neglect

The Children's Service Worker should be aware of the presence of chronic neglect indicators, which may indicate that the child(ren) is affected by an accumulation of harm. The continuous or prolonged nature of these indicators will show the chronicity of neglect in a family. The indicators listed below should aid the worker in identifying accumulation of harm and child safety issues, as they relate to the occurrence of chronic neglect.

1. Pattern of Reported CChildren's Division (CD) Neglect Behaviors or Concerns

- A pattern of child abuse and neglect reports (including family assessments, **Investigative findings of "preponderance of evidence" or "probable cause"**, unsubstantiated investigations, preventive service or any other type of referral). If a pattern of concern regarding child care has been established through two or more reports or referrals, the family history should be thoroughly assessed for a pattern of neglect; and
- Pattern of concerns documented in any Family-Centered Services file that reflects previous concerns of neglect by CD or the community.

2. Family Patterns

- Parenting behaviors by parent/caretaker that result in negative outcomes for children with report from caretaker or other sources that the parent was abused/neglected by family of origin;
- Inability to consistently provide adequate clothing; safe, sanitary, and adequate housing; medical care; nourishment; supervision; and/or stable and nurturing environment;
- Repeated or ongoing incapacitation of the caretaker due to untreated depression, substance abuse, mental/physical disability, domestic violence, etc.;

- Inability to maintain needed behavioral changes without continued support from helping professionals or community providers; and
 - Lack of structure, clear boundaries, and clear family roles.
3. Documented Accounts and Observations of a Child that may indicate a Pattern of Neglect
- Children repeatedly left without appropriate supervision and/or in dangerous situations that they are not mature/intelligent enough to handle;
 - Child is listless, tired, unresponsive, nonverbal, or has behavioral problems;
 - Child frequently unbathed;
 - Repeated head lice, scabies, and/or dermatitis;
 - Child malnourishment, failure to thrive, developmental delays;
 - Lack of medical care that results in a life threatening condition;
 - Child is seriously injured due to the inaction of the parent; and
 - Child is frequently tardy for school, absent from school, has failing grades, is non-participatory.

Suggested Strategies for Assessment and Service Delivery in Chronic Neglect

1. Identification of Available Skills and Knowledge

Identification of skills and knowledge currently available in each county office is necessary in order to carry out best practice for intervention with chronic neglect. County and Area Children's Services staff should jointly discuss their own skills, knowledge, experiences, successes, and difficulties relating to work with chronic neglect.

Primary CD staff and community service staff skills and knowledge that are necessary in order to identify, assess, and deliver services to address chronic neglect are:

- Ability to engage families;
- Working knowledge of Family-Centered Service delivery including use of genogram, ecomap, timeline, pattern of behavior, setting behaviorally specific goals, developing treatment plans, and risk and safety assessment;
- Knowledge of and relationship with existing community resources and ability to access them; and

- Ability to coordinate/facilitate/mediate multi-disciplinary team work.

Working in a collaborative effort with key community supports and agencies (juvenile court, county and private health organizations, parenting education agencies, academic professionals, ministry, neighborhood organizations, concerned citizens, etc.) the Division should identify and utilize the most effective and efficient ways that knowledge and resources can be pooled to provide support and services to families.

Recommendations should be formulated and carried out for activities to enhance and build upon the skills and knowledge identified. An assessment should take place to determine if all those available have been contacted and invited to participate.

The identification of a Children's Services Worker, Children's Services Supervisor, or community professional to act as a chronic neglect consultant may be helpful. The role of this individual would be as a consultant to provide support and expertise to field staff working with chronically neglectful families. The individual would provide consultation in assessment of the family, techniques for engaging the family, and development of services for the family. As a participant in team meetings, the individual would provide support and expertise to the worker in advocating for the family and inviting the family to be an active participant in decision-making and in the development of the family's service plan.

2. A Team Approach and Coordination of Intervention

Effective coordination with community resources will be a key to working with families and children affected by chronic neglect. The responsibility of identifying, assessing, goal setting, treatment planning and intervention decision making is a **team effort**.

Staff may utilize an existing multi-disciplinary team or a family-specific team, including any appropriate resource and agency whose skill and knowledge can be pooled to enhance treatment planning with the family. Existing teams can be restructured, if necessary, to coordinate service delivery and provide recommendations and resources specific to chronic neglect. The goal is to best support the family and the Children's Services Worker in impacting long-term improvement in parenting behavior and to provide options to the family in regard to needed support and services.

The team can be utilized with the family to develop a system of continued support throughout Family-Centered Services and after termination of Family-Centered Services to ensure behavioral changes and needed support for the family will be sustained.

Families affected by chronic neglect are often identified by community service agencies as well as child protective services. Community resources may have provided supportive services to a family without the family previously coming to the attention of the Division. The effective coordination of intervention is an effort to keep families that are affected by chronic neglect from slipping through service delivery cracks and to avoid duplication of services. Shared ideas and group support of the family can be instrumental in effecting long-term improvement in parenting practices.

3. Family-Centered Practice

Family-centered protocol and practice should be utilized, in conjunction with chronic neglect protocol, as the basis for identification, assessment, and service delivery for chronic neglect.

Staff should utilize a family treatment plan to work with the family on setting behaviorally specific goals, outlining family tasks, agency/community resource tasks, and assessing behavioral increments of change. Outcomes of this process will be the basis for determining when termination of services should take place.

Special Considerations for Family-Centered Services Delivery in Chronic Neglect

There are special considerations for service delivery and development of treatment strategies in chronic neglect.

- History of social services or other agency or community resource involvement is important to consider in developing a treatment plan with the family. It is important to know what services or resources have been either successful or unsuccessful in the past.
- Consideration should be given to the family heritage of neglect. It is important to utilize the genogram, when assessing the accumulation of harm and patterns of behavior that may have been learned from the neglectful parent's family of origin.
- The Children's Service Worker should consider the family's need for long-term support. Although the traditional family-centered model is built around the principle of short-term intervention, the treatment of chronic neglect most often requires long-term support. This does not mean that the Division must have open Family-Centered Services. A long-term community support plan may better serve a specific family's needs.
- Children's Service Workers should use the practice of empowerment and advocacy in working with families. This involves strengthening the family's own control and involvement in their lives and their communities.
- The team approach should be utilized. This approach will focus on assessment, treatment, and evaluation of family progress so that families receive comprehensive services.

Reassessment in Chronic Neglect:

Reassessment will be an ongoing process due to the long-term nature and intensity involved in chronic neglect. During the assessment process, the multi-disciplinary team can serve to assist the Children's Service Worker in evaluation of the family's progress and by continuing to hold staffings after the initial team meeting.

Termination of Family-Centered Services in Chronic Neglect:

There are special considerations for termination of Family-Centered Services in chronic neglect. There should be a plan in place for continued support by a designated community resource or natural helper after the Division's services to the family have been terminated. In some cases, the caretakers may make behavioral changes in a short period of time that result in a safe environment for the child. However, these behavioral changes must be shown to be sustained over time. The multi-disciplinary team and direct supervisor will be key in assessing the family's ability to sustain behavioral changes.

Although the Children's Service Worker and family may agree that behaviorally specific goals have been met during the first treatment period, the worker should develop, with the team's input, a system of continued support for the family.

Contact with the family by individuals or agencies actively involved in supporting the family is recommended. Contacts by CD and other supports should be routine enough to identify as soon as possible any indication that the family may be regressing. As long as CD continues to be involved, the focus should not only be "monitoring" the family, but on an active program that includes ongoing assessment, education, role modeling, support, and empowerment for the family. Utilizing a team approach to decision making for CD closure of services should result in the most effective method of identifying that the family has the ability to sustain necessary behavioral changes.

A plan of continued support for the family at termination of Family-Centered Services is crucial. Before closure of services, the Children's Service Worker must explore with the family the family's own system of "monitoring" themselves. It is necessary that the family can identify and determine for themselves when help may again be needed. Is the family able to identify the behaviors that led to neglect/abuse and recognize when they may be slipping back into these behaviors? The family should feel comfortable in asking for assistance from CD or other resources, if their situation begins to regress.

In situations involving children that have been identified as having developmental delays, insufficient growth rate, malnourishment, or other physical problems associated with neglect, staff should continually evaluate the child's growth, weight gain, and development. This growth must be documented by a medical professional who is following the child. A medical professional involved with the family and participating as a team member is of vital importance.

If the juvenile court is involved, the court will also be a key component in the evaluation of the family's behavioral increments of change and subsequent recommendation for termination of court jurisdiction and termination of Family-Centered Services.

Staff should consider and utilize in teamwork the following factors when assessing for termination of services:

- There has been a reduction in risk that has been sustained over time;

- There has been a significant improvement in parental behaviors that have been sustained over time;
- There is clear and documentable indication that bonding and attachment is occurring between the parent and child;
- There is at least one caretaker in the home that does not exhibit any sign of depression, drug/alcohol abuse, or other disability preventing proper care of the child(ren) and has a safety plan for the child in the event another caretaker who is experiencing these problems is in the home;
- The home is free of problems such as lack of utilities, structural damage, filth/debris, and safety hazards and these conditions have been alleviated and improvement is sustained over time; and
- The family can verbalize an awareness of the behaviors that led to neglect and can recognize in themselves when these behaviors are occurring and can demonstrate a willingness to ask for help, if needed.

When Out-of-Home Care is the Plan

While in-home services are the preferable intervention in child protective services, removal of children from their homes must remain a viable alternative for all forms of maltreatment, including chronic neglect. The criteria involved in the decision-making process for recommending a child be removed from his/her home will require intensive information gathering based on the aforementioned indicators of chronic neglect. A referral to Intensive In-Home Services should be considered when children are at imminent risk of removal.

Related Subject: Section 2, Chapter 4.3.9, Protective Custody.
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Criteria for Referral to Juvenile Court for Protective Custody in Chronic Neglect

Existing policy in regard to recommendation to the court for protective custody of children provides factors to consider in regard to decision-making.

Related Subject: Chapter 13, of this section, Juvenile Court/Legal Information.

These factors provide detailed, relevant, and useful guidelines for assisting in the judgment for removal of a child. In addition to these guidelines, when assessing the need for removal in cases of chronic neglect, staff should consider the following factors. Taken alone, each of these factors should not be grounds for removal of a child. However, staff should be aware that the presence of two or more of these factors, persisting without improvement, may have long-term impact on the family, resulting in a need for placement of the children out of their home. Staff should also take into consideration what reasonable efforts have been accomplished in order to alleviate these factors and whether all resources, such as Intensive In-Home Services, have been provided to the family:

- Family has children that for any reason are particularly vulnerable and unable to protect self, such as very young children, children with developmental disabilities, etc.;
- No utilities and no access to essential utilities, especially when weather conditions are a determinant factor;
- Filth, debris and/or unsanitary conditions (that have resulted in or have strong potential to produce negative outcomes for the child) and can't be cleaned up in one day and no alternative housing is immediately available;
- Structural damage dangerous to children and there are no parental efforts to safeguard children from potential hazards;
- Absence of food and drink, especially sufficient fluids, and there are no resources to obtain such or no ability/effort on the part of the caretaker to access resources;
- Continued substance abuse, domestic violence, untreated depression, or any other incapacitating condition on the part of the caretaker that results in the caretaker's inability to provide for the safety of the child(ren) and the child(ren) cannot provide for or protect self;
- Child has received medical evaluation in which there is evidence of malnutrition, dehydration, lack of sleep, child is not growing normally, child is failure to thrive, child is not gaining weight, child is losing weight, etc. and this is due to lack of parenting;
- There appears to be no bonding or attachment between the parent and the child (no indication or observation that parent hugs, nurtures, holds, or comforts the child/parent views child in predominately negative way); and
- Repeated unsustained effort on the part of the caretaker to rectify any of the above factors.

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